WORK REQUEST						SEND THIS WORK REQUEST TO: Email: fewr@bsbdpw.darmstadt.army.mil or FAX: 348-6671			

PART A	CUSTOMER ID CODE	DOCUMENT SERIAL NUMBER	FY	TYPE	SHORT JOB DESCRIPTION			DATE		
								DA	MON	YR
			0	J						0

BUILDING/FACILITY NUMBER(S)

1	2	3	4	5	6	7	8	9	10

INSTALLATION NAME	UNIT	POC NAME	POC PHONE NO

POC EMAIL ADDRESS

WORK DESCRIPTION: *(Description and justification of work request)*

AUTHORIZED REQUESTOR:*(Type or Print)*

PART B *(Completed by DPW)*	WORK REQUEST PRIORITY:	REIMBURSABLE ☐ YES ☐ NO SPECIAL INTEREST CODE: PROGRAM INDICATOR CODE:	WORKCLASS	APPROVAL AMOUNTS

ENVIRONMENTAL IMPACT			WORK TO BE PERFORMED							*FUNDED*	*UNFUNDED*
YES	NO	ENVIRONMENTAL CONSIDERATION	☐ BOS		☐ ETS			$		$	
☐	☐	EIS/EIA INITIATED	☐ SELF HELP		☐ O&M			$		$	
☐	☐	EIS/EIA COMPLETED	☐ CONTRACT		☐ FES			$		$	
☐	☐		☐ TROOP		☐ CUSTOMER	TOTAL	$			$	

DESIGN APPROVAL	DATE						APPROVAL AUTHORITY	APPROVAL ACTION	DATE					
	D	D	M	M	Y	Y		☐ APPROVED	D	D	M	M	Y	Y
(Please type or print name)							*(Please type or print name)*							
(Signature)							*(Signature)*	☐ DISAPPROVED						

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